DIRECTORATE OF HEALTH SERVICES
STATE DRUG MANAGEMENT UNIT (SDMU)
IN FRONT OF RAM MANDIR, CONVENT SQUARE, BHUBANESWAR -1

TENDER DOCUMENT

TENDER ENQUIRY NO.: SDMU/2014-15/EQUIP-DEIC/012

TENDER FOR SUPPLY OF DISTRICT EARLY INTERVENTION CENTER (DEIC) EQUIPMENT

Period of availability of tender document Dt. 26.11.2014 to 22.12.2014 (till 4 PM)
in website : http://203.193.146.66/hfw/SDMU/tender.html

Date of Pre-Bid Conference	Dt. 3.12.2014, 12.30 PM
Last Date & time for Submission of Tender:	Dt.23.12.2014 up to 3 PM
Date & time for Submission of Sample:	Dt.24.12.2014 (up to 4 PM)
Address of Submission of Tender Document & Sample :	The Joint Director, State Drug Management Unit, In front of Ram Mandir , Convent Square, Bhubaneswar – 751 001, Odisha.
Date of opening of the Technical Bid: (Cover A)	Dt. 23.12.2014 at 3.30 PM

The tender document contains total 46 pages

DIRECTORATE OF HEALTH SERVICES
STATE DRUG MANAGEMENT UNIT (SDMU)
IN FRONT OF RAM MANDIR, CONVENT SQUARE, BHUBANESWAR -1

SUPPLY OF DEIC EQUIPMENT

Sealed tenders as per the terms and conditions contained in this Tender document are invited from eligible bidders (Manufacturer/ Importer/Authorized distributor) for supply of DEIC Equipment, the details of which are specified at Schedule of Requirement & Technical Specifications – Section III of the tender document.

This Tender document contains the following:

Section I – Instructions and information for submission of Tender
Section II – Terms and Conditions
Section III – Schedule of requirement
Section IV - Technical Specification
Section V – Consignee List
Section VI - Formats of the Tender

The deadline for submission of Tender is 23.12.2014, 3 PM

The date & time for submission of Sample (for items as mentioned in the schedule of requirement – Section IV) is 24.12.2014 (up to 4 PM)

The State Drugs Management Unit (SDMU) reserves the right to accept and or reject any or all the tenders without assigning any cause or reason thereof. No claim in whatsoever form from any firms for such decision of SDMU shall be entertained.

Director of Health Services (O)

Section I

Instructions and information for submission of Tenders

Tenderers as per the eligibility criteria are required to submit their tenders in sealed envelops as per the instructions given at Clause 5 - FORMATS AND SIGNING OF TENDERS and Clause 6 - SEALING AND MARKING OF TENDERS and must submit before the deadline given at Clause 7 - DEADLINE FOR SUBMISSION OF TENDERS of this Section.

The sealed envelope(s) containing the Tender(s) must **be delivered at the address mentioned in the covering letter** within the Last date and time for submission of Tenders: **On or before 3 PM on 23.12.2014.**

EMD to be submitted

The tenderer may quote for any or all the items of the respective Category by submitting separate EMDs as mentioned below:

Sl.	Name of the Item with Category	EMDs to be Submitted (Rs.)
	Category - I	
1	OAE	1,80,000/-
2	Pure tone audiometer with tuning fork (set)	1,60,000/-
3	Portable Tympanometry instruments	1,95,000/-
4	Indirect Opthalmoscope [with 20,28 & 30 D lens, Scleral depressor (wire vectis) and Eye speculum (Alfonso infant wire speculum)]	35,000/-
5	Dental Chair & Unit	1,50,000/-
6	X-ray unit (Dental)	50,000/-
	Category – II	
1	Electrical Stimulator	15,000/-
2	Double headed Stethoscope	1,000/-
3	REEL test 3rd Edition	1,000/-
4	ELMS (Booklet)	1,000/-
5	LPT	1,000/-
6	Developmental Assessment for Indian Infants (DASSI)	7,000/-
7	Vineland Adaptive Behavior Scales	2,000/-
8	Sanguine form Board for Intelligence	1,000/-
9	Bayley-III Screening Test **Complete Kit** Includes: Manual, Stim Book, Picture Book, Record Forms 25 Packs	7,000/-
10	Nimhans Battery	5,000/-
11	LD- Dyslexia Dyslexia Early Screening Test (DEST)	3,000/-
12	Childhood Behavioral Checklist (CBCL)	1,000/-
13	Cerebral Palsy and Neuro-motor impairment: INCLEN (INDT-NMI)	1,000/-
14	INCLEN Appropriateness Criteria: Autism Spectrum Disorder (INAC-ASD)	1,000/-
15	ADHD : Attention Deficit Hyper activity: INCLEN	1,000/-

16	LADDER	10,000/-
17	Cerebral Palsy Chair	10,000/-
18	Rocking Chair/Rocking horse with mirror on the wall	5,000/-
19	CP Walker	10,000/-
20	Pediatrics Static cycle	5,000/-
	Category – III	
1	Snellen's Chart (Box type)	10,000/-
2	Distance vision test (Leas single symbols book)	
3	Near Vision test with Lea symbol (Lea playing card set) and Near vision Line test	
4	Lea Puzzle	
5	Lea Gratings	
6	Therapy Mat/Floor Mat	
7	Ice pack	
8	Activity Table/Modified wheel Chair	
9	Walker/ rollator	
10	Physio-Ball/ thera bund	
11	Medicine Ball	
12	Rubber Mat/ Mattres (10X10ft)	
13	Therapeutic Ball Set Each available size	
14	Wedge	
15	CP assessment Kit (Musical Toys, Drawing Boards. Crayons, Pleistocene, Rods and Beads, Colored Blocks, Post office box & Peg Board)	
16	Trampoline(Small Size)	
17	Bean Bag	

Note: For category III items, the tenderer may quote for <u>any or all</u> the items by submitting <u>the required EMD of Rs.10,000/-. All items shall be evaluated separately.</u>

Eligible Tenderer:

In order to be eligible, the **tenderer**

- Shall be a manufacturer OR Importer /Authorized distributor of the manufacturer
- Shall have import license (In case of importer)
- Shall have the turnover as mentioned below:

1) **Category I Items** : Shall have Annual Average turnover of minimum Rs. 5 Crore or more during the financial years 2010-11, 2011-12 & 2012-13 or 2013-14 (if audited) for the manufacturer/Importer & Rs.2Crore or more during the financial years 2010-11, 2011-12 & 2012-13 or 2013-14 (if audited) for the distributors. <u>In case of distributor (Category I Items), they will also have to furnish the turnover of the manufacturer/Importer as mentioned above **in addition** to their own turnover</u> (as per **Format T4** supported by **annual audited statement**)

2) **Category II Items** : Shall have Annual Average turnover of minimum Rs. 1 Crore or more during the financial years 2010-11, 2011-12 & 2012-13 or 2013-14 (if audited) for the manufacturer/Importer & Rs. 50 Lakhs or more during the financial years 2010-11, 2011-12 & 2012-13 or 2013-14 (if audited) for the distributor (as per **Format T4** supported by **annual audited statement**).

3) **Category III Items:** Shall have Annual Average turnover of minimum Rs. 50 Lakhs or more during the financial years 2010-11, 2011-12 & 2012-13 or 2013-14 (if audited) for manufacturer/Importer/distributor (as per **Format T4** supported by **annual audited statement**)

- In case of authorized distributor/Importer, shall have **manufacturer's authorization** (as per format at Format –T5) for **category I & II Items** only.
- Should have supplied **50% of the required quantity mentioned in the schedule of requirement–Section III for Category I Items only** (executed directly by manufacturer or through distributor) to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and purchase order copies in support of that in last 3 years & the current year (2011,2012,2013 and/or 2014) as per format at Format T-7.
- Furnish EMDs as mentioned in the table above & tender document cost of Rs.2,100/-
- Shall have PAN
- Shall have VAT /CST registration certificate
- Should submit the **Sample of the equipment** (for **only the items** mentioned in the schedule of requirement – Section III)
- Should submit the certificates (ISO/USFDA/CE/ISI etc. as mentioned in the technical specification)

. **FORMAT OF THE TENDER**

The tender should be submitted in English and be set out in two main parts:

- Part A - Technical Bid
- Part B – Commercial Bid

PART A – TECHNICAL BID

The **Technical BID** should consist of the following documents:

- **Tender document cost** of **Rs.2,100/-** (Rs.2,000/- + 5% VAT) in the shape of Demand Draft in favor of Joint Director, State Drug Management Unit payable at Bhubaneswar.
- **Earnest Money Deposit (EMD)** [depending upon the item(s) quoted] in the shape of **Demand Draft** in favor of Joint Director, State Drug Management Unit payable at Bhubaneswar. Detail item wise EMDs to be submitted is mentioned in the table mentioned below :
- Technical Bid Submission Form - **(Format T1)**
- Profile of the Firm - **(Format T2)**
- Photocopy of the registration certificate of the firm/company
- Photocopy of the VAT/CST registration certificate
- Photocopy of PAN
- Details of EMDs submitted (**Format T3**)
- Annual Turnover Statement certified by the Chartered Accountant – **Format T4**
- **Photocopies of audited annual statement** of the last three years and the turnover figure should be **highlighted** there.
- Manufacturer's Authorization Certificate (in case of authorized distributor/ importer for **Category I & II Items only**) – **Format T5**
- Details of Technical Specification of the products offered – **Format T6**
- Photocopy of the ISO certificate of manufacturer as per technical specification
- Photocopy of the CE/ USFDA /ISI certificates of the product (the model quoted for) as per the technical specification.
- Technical brocheures/Leaflets of the product offered

- Past Experience in supply of quoted items during the last three years – **(Format T7)**
- Copy of purchase orders as mentioned in Format –T7
- Copy of Tender document, duly Signed with **seal** by the Tenderer on each page

PART B: PRICE BID

The **Price Bid** should consist of the following documents:

- Price Bid Submission Form on the letterhead of the firm **(Format - P1)**
- Price Formats (**Format – P2, P3)**
- In case the VAT is payable to Govt. of Odisha, pl. furnish a copy of the OVAT registration certificate.

General Information

1. **Last date and time for submission of Tenders**: On or before **3 PM on 23.12.2014** **and Samples** on or before **4 PM on 24.12.2014.**

2. **Schedule of Tender Opening**

   The tenders received by the SDMU within the deadline for submission of tenders will be opened at the office address mentioned at clause 6.2

   The **Technical bids (Cover A)** shall be opened in the presence of the tenderer/ their duly authorized representatives (who choose to attend the tender opening) at **3.30 PM on 23.12.2014.** In the event of the specified date of Tender opening being declared a holiday for the Purchaser, the Tenders shall be opened at the appointed time and location on the next working day.

   The **Commercial bids (Cover B)** of **only those tenderers** who meet the eligibility criteria after the assessment of it's technical bid, will be opened in the presence of the tenderer/their duly authorized representatives (who choose to attend the bid opening). The date of opening of the commercial bid shall be intimated to the technically qualified tenderers.

3. **Amendment of Invitation**

   In case of any discrepancy between the Press Advertisement, other detailed provisions of the tender document and the updated version on the web (up to 15.12.2014 till 5:00 PM), the web-version will prevail. At any time prior to 15.12.2014, the authority reserves the right to add / modify / delete any portion of this document by issuance of an addendum/corrigendum, which would be published on the web site http://203.193.146.66/hfw/SDMU/tender.html and will be binding on the tenderers.

4. **Period of Validity of Rate Contract**

   For the purpose of placing the order, the rate contract shall remain valid for **one year** from the date of approval.

5. **Formats and Signing of Tenders**

5.1 The Tender shall be neatly typed and shall be signed, by an authorized signatory (ies) on behalf of the Firm. All pages of the Tender, except for un-amended printed literature, shall be initialed by the person or persons signing the Tender.

5.2 The Tender shall contain no interlineations, erasures or overwriting. In order to correct error made by the Firm all corrections shall be done & initialed by the authorized signatory after striking out the original words / figures completely.

6. Sealing and Marking of Tenders

6.1 The Tenderer shall seal & mark the Tender as follows:

The Tenderer shall seal & mark various parts of the tender as follows:

a) Technical bid in one envelope super-scribed with words **"Technical Bid for Supply of DEIC Equipment "**

b) Price bid in one envelope super-scribed with words **"Price Bid for Supply of Supply of DEIC Equipment"**.

c) All two envelopes (Technical and Price Bids) shall be sealed in a covering envelope super-scribed with words **"Tender for Bid for Supply of DEIC Equipment" and "Tender Enquiry No. _____" & "Do not open before 3.30 PM on _____"**.

e) Sample (for those items mentioned sealed properly & marked as "Sample" shall be submitted by 4 PM on 19.12.2014.

6.2 Every envelope and forwarding letter of various parts of the tender shall be **addressed** to:

The Joint Director,
State Drug Management Unit (SDMU),
In front of Ram Mandir, Convent Square,
Bhubaneswar – 751 001, Odisha

The name of the firm/company should be mentioned in the bottom left portion of each envelop.

6.3 Tenders sent through Telex / Telegrams / Fax / Email shall not be acceptable.

6.4 The envelopes are not sealed as per para below and marked as required above, the SDMU shall assume no responsibility for the tender's misplacement or premature opening.

6.5 The envelope shall be sealed by signing across all joints & pasting good quality transparent adhesive tape on top of such joints & signatures.

6.6 The envelope shall be properly sealed and carry the name and address of the firm/company.

7. Deadline For Submission of Tenders with Samples

Tenders will be received by State Drug Management Unit (SDMU), Bhubaneswar at the address specified above at clause 6.2, till **3 PM on 23.12.2014. Samples shall be received till 4 PM on 24.12.2014**

8. Late Tenders

Any Tender received by SDMU after the deadline for submission of Tenders, as per Clause 7 above shall be returned unopened.

SECTION-II

TERMS AND CONDITIONS

1. Mode of Procurement

This is a **Rate contract Tender**, the rate of which will be valid for a period of **one year** from the date of approval of rate contract. However, the approx. quantity requirement is mentioned in the Schedule of Requirement–Section III. The State Drug Management Unit shall invite tender centrally & evaluate the same. After finalization/approval of the supplier & the rate, purchase order may be placed by the State Drug Management Unit / Directorates / District Headquarter Hospitals / Medical Colleges depending upon the fund placement.

2. Scope

This scope of work covers supply of the DEIC Equipment as per technical specification (as mentioned at Section III) at the consignee locations (as mentioned at Section IV) and providing services for comprehensive onsite warranty.

3. Earnest Money Deposit

EMD in shape of **Demand Draft** (as per the requirement mentioned in Section–I depending on the item(s) quoted) in favour of **Joint Director, State Drug Management Unit, payable at Bhubaneswar** is to be furnished by the tenderer along with the **technical bid**. Unsuccessful tenderer's EMD will be discharged/returned as promptly as possible but not later than 21 days after issue of purchase order with the successful tenderer. No interest will be paid on EMD.

The EMD may be forfeited:

(a) if a Tenderer withdraws its tender during the period of validity of the tender

(b) in case of a successful tenderer, if the tenderer fails:

(i) to execute the work order or
(ii) to furnish performance security in accordance with clause 9 of this section.

4. Sample

Tenderer **must submit the sample** to justify the specification & quality **for the items** as mentioned in the **Schedule of Requirement (Section–III)** on the **date of submission of Bid**.

5. Price

The unit price (with all accessories and warranty which includes excise duty / customs duty, packing, insurance, forwarding / transportation to the consignee places but excluding VAT/CST/ET) quoted should be in Rupees and in the price schedule format **P2, P3 & P4** mentioned in the tender. All taxes (VAT/CST/ET) should be clearly stated separately as mentioned in the price schedule.

TURNKEY (Installation Cost for Category I Equipment only):

Complete installation & commissioning are to be done by the supplier (for **Category I Items** only) inclusive of civil work (base mounting / grouting on the existing floor of the room of installation), electrical work (electrical wiring from the existing supply point inside the room where the equipment shall be installed to the point of actual installation alongwith electrical accessories and all other related work required for installation & commissioning of the equipment.

The cost for turnkey **if any** (all cost related to installation & Commissioning) for the **Category I Equipments** shall be quoted separately as mentioned in the price schedule **format P2** for Category I Items.

6. Evaluation and comparison of tenders

a. The tenders will be evaluated as per the terms and conditions.
b. The price bids of those bidders shall be opened whose technical bid are found to be responsive & the samples (only for items as mentioned in the schedule of requirement) submitted are as per technical specification.
c. The eligible and technically qualified firm quoting the lowest evaluated price will be selected on the basis of the rates offered.
d. *The rates of t*he item quoted by the tenderer who qualify technically will be evaluated after taking the following points into consideration: -
   a) The quoted rate should include excise / customs duty, transportation, insurance, packing & forwarding or any other incidental charges.
   b) In case of bidders who have quoted CST (**firms not registered under Odisha VAT**), CST as mentioned in the Cover-B (Price Bid) by the tenderer **shall be added** to the quoted rate for price evaluation.
   In case of bidders who have quoted OVAT (**firms registered under Odisha VAT**), OVAT as mentioned in Price Bid by the tenderer **shall be excluded** for price evaluation.
   c) Entry Tax will not be considered for price evaluation.
   d) As per the Govt. of Odisha Finance Deptt. Order No. 13290/F dt.02.04.2013, "in comparing the cost of an article, if purchased from within the State with the price of similar article if purchased from outside the State, the amount of Odisha Sales Tax (OST) now VAT shall be deducted from the total cost since it accrues back as revenue to the State. If after such deduction, the cost of articles to be purchased within the State is not more than the cost of including Central Sales Tax, transport and other charges of similar articles from outside the State, it would be economical to purchase articles within the State".

7. Purchase Order

The Purchaser shall be issued to the lowest evaluated responsive bidder.

8. Validity of the Rate contract

Rate contract to be finalized shall be valid for a period of **one year** from the date of approval.

9. Performance Security:

Within 7 days from the receipt of the letter of award/purchase order, the successful tenderer should submit a performance security in the shape of DD/BG **(from any Nationalized/ Scheduled Bank and valid for 2 months beyond the warranty period)** of an amount equal to **10% of the purchase order/contract value (for Category I Items) & 5% of the purchase order/contract value (for category II & III items)**. The performance security should be made in favour of the Joint Director, State Drug Management Unit payable at Bhubaneswar. The proceeds of the Performance Security shall be payable to SDMU as compensation for any loss resulting from the firm/Company's failure to fulfill the obligations under the scope of work and terms & conditions of the Purchase Order.

10. Delivery

The supply of the equipment shall be completed in all respect **within 45 days** (for **Category I** Items) and **within 30 days** (for **Category II & III** Items) from the date of issue of purchase order. The detail **consignee list** (door delivery) is mentioned at **Section V** of the tender document.

11. Delay in Supply

The time schedule for completion of the supply as mentioned in Clause 10 above is very important and the supplier must take utmost care to complete the work within the time specified in clause 10. If the supply is delayed for any reason for which the SDMU or the authorities in charge of the concerned site are not responsible, a penalty @ 0.5% of the purchase order /contract value will be deducted from the payment to the supplier for each week (or a part thereof) of delay subject to maximum 4% of the purchase order/contract value.

12. Payment Terms

100% payment will be released after supply of full quantity as per purchase order and duly submission of performance security against submission of bill alongwith duly signed stock entry certificates from the consignee.

13. Warranty

13.1 The supplier shall warrant comprehensively that the equipments supplied under the contract is new, unused and incorporate all recent improvements in design and materials. The supplier shall further warrant that the goods supplied under the contract shall have no defect arising from design, materials or workmanship or from any act or omission of the supplier that may develop under normal use of the supplied goods in the conditions prevailing in India.

13.2 This comprehensive on-site warranty (Category wise) shall be as follows:

Category I: **Two years comprehensive warranty** from the date installation. CMC for three years after two years warranty shall have to be quoted as mentioned in the price schedule for category – I.

Category II: **One year comprehensive warranty** from the date of supply.

Category III: **One year comprehensive warranty** from the date of supply.

13.3 In case of any unsatisfactory performance of equipment(s) or any claim arising out of this warranty, the purchaser/consignee shall promptly notify the same in writing or over phone or by fax to the supplier.

13.4 Upon receipt of such notice/communication, the supplier shall, within 48 hours on a 24(hrs) X 7 (days) X 365 (days) basis, rectify or replace the defective goods or parts thereof, free of cost, at the ultimate destination.

13.5 If the supplier, having been notified, fails to rectify or replace the defective goods or parts thereof within 48 hours on a 24(hrs) X 7 (days) X 365 (days) basis, the purchaser may proceed to take such remedial action(s) as deemed fit by the purchaser, at the risk and expense of the supplier and without prejudice to other contractual rights and remedies, which the purchaser may have against the supplier.

14. UP-TIME GUARANTEE :

The Supplier (s) shall provide guarantee **95% uptime** during comprehensive warranty period, i.e., for one or two years (depending on the category of equipment) from the date of installation & commissioning.

Any uptime less than the specified period above will be compensated by the Supplier(s) by extending the warranty period. The consignee shall maintain a logbook in the format provided by the Supplier(s) which will indicate usage of the equipment every day and for calculation of up-time.

15. DOWNTIME PENALTY CLAUSE:

15.1 During the Guarantee / warranty period, desired uptime of 95% of 365 days will be ensured (24 hour). If downtime exceeds 5%, penalty in the form of extended warranty, double the number of days for which the equipment goes out of service will be applied. The supplier must undertake to supply all spares for optimal upkeep of the equipment for **TEN YEARS** after installation. If accessories / other attachment of the system are procured from the third party, then the supplier must produce cost of the accessory / other attachment and the CMC from the third party separately along with the main offer and the third party will have to sign the CMC with the purchaser if required (for equipments wherever CMC is required)

In no case, equipment should remain in non-working condition for more than 7 (seven) days from the date of complaint, beyond which a penalty will be applicable as per Rule.

15.2 The principals or their agents are required to submit a certificate that they have satisfactory service arrangements and fully trained staff available to support the uptime guarantee.

16. Spare Part /Spare Equipment

The successful tenderer will stock adequate spare part / spare equipment to provide services during the warranty period so that the equipment can be repaired / replaced within 48 hours.

17. Inspection

The purchaser or it's authorized representative may inspect the equipment on a random basis after it's supply to verify that the same is as per the technical specification

18. Training & User Manual

The supplier will provide hands on training to the designated staff of the consignee in his own cost for operating / handling of the equipment at the time of supply of the equipment.

The supplier / firm will provide the **user manual / warranty card** to the consignee at the time of supply.

19. PENALTIES

If the successful tenderer fails to deposit the required performance security within the time specified or withdraws his tender after acceptance of his tender owing to any other reasons or unable to undertake the contract, his contract will be cancelled and the earnest money deposit / performance security deposit shall stand forfeited by the purchaser.

Violating the tender terms and conditions & non supply / supply which is not as per technical specification will disqualify the firm to participate in the tender for a period of 3 (three) years from the date of issue of letter and the EMD & performance security deposit submitted by the firm will be forfeited and no further purchase order will be placed to that firm for that item.

20. Arbitration

SDMU and the supplier shall make every effort to resolve amicably by direct negotiation on any disagreement or dispute arising between them under or in connection with the work assigned. In case of their failure to resolve the matter will be referred to Director of Health Services (DHS), Odisha whose decision will be final and binding on both parties.

The arbitration proceedings shall be held in Bhubaneswar, Odisha

21. Disputes & Legal Jurisdiction

All legal disputes are subject to the jurisdiction of Bhubaneswar courts or High Court of Odisha.

SECTION III

Schedule of Requirement & Sample Submission

Sl.	Name of the Item	Quantity (Nos.) (Approx.)	Samples (1 No.) to be submitted
	Category - I	32	
1	OAE	32	
2	Pure tone audiometer with tuning fork (set)	32	
3	Portable Tympanometry instruments	32	
4	Indirect Opthalmoscope [with 20,28 & 30 D lens, Scleral depressor (wire vectis) and Eye speculum (Alfonso infant wire speculum)]	32	
5	Dental Chair & Unit	32	
6	X-ray unit (Dental)		
	Category – II		
1	Electrical Stimulator	32	**Yes**
2	Double headed Stethoscope	32	**Yes**
3	REEL test 3rd Edition	32	**Yes**
4	ELMS (Booklet)	32	**Yes**
5	LPT	32	**Yes**
6	Developmental Assessment for Indian Infants (DASSI)	32	**Yes**
7	Vineland Adaptive Behavior Scales	32	**Yes**
8	Sanguine form Board for Intelligence	32	**Yes**
9	Bayley-III Screening Test **Complete Kit** Includes: Manual, Stim Book, Picture Book, Record Forms 25 Packs	32	**Yes**
10	Nimhans Battery	32	**Yes**
11	LD- Dyslexia Dyslexia Early Screening Test (DEST)	32	**Yes**
12	Childhood Behavioral Checklist (CBCL)	32	**Yes**
13	Cerebral Palsy and Neuro-motor impairment: INCLEN (INDT-NMI)	32	**Yes**
14	INCLEN Appropriateness Criteria: Autism Spectrum Disorder (INAC-ASD)	32	**Yes**
15	ADHD : Attention Deficit Hyper activity: INCLEN	32	**Yes**
16	LADDER	32	
17	Cerebral Palsy Chair	32	
18	Rocking Chair/Rocking horse with mirror on the wall	32	
19	CP Walker	32	
20	Pediatrics Static cycle	32	
	Category – III		
1	Snellen's Chart (Box type)	32	**Yes**
2	Distance vision test (Leas single symbols book)	32	**Yes**
3	Near Vision test with Lea symbol (Lea playing card set) and Near vision Line test	32	**Yes**
4	Lea Puzzle	32	**Yes**
5	Lea Gratings	32	**Yes**

6	Therapy Mat/Floor Mat	32	
7	Ice pack	32	
8	Activity Table/Modified wheel Chair	32	
9	Walker/ rollator	32	
10	Physio-Ball/ thera bund	32	
11	Medicine Ball	32	
12	Rubber Mat/ Mattres (10X10ft)	32	
13	Therapeutic Ball Set Each available size	32	
14	Wedge	32	
15	CP assessment Kit (Musical Toys, Drawing Boards. Crayons, Pleistocene, Rods and Beads, Colored Blocks, Post office box & Peg Board)	32	**Yes**
16	Trampoline(Small Size)	32	
17	Bean Bag	32	

The quantity requirements against each item mentioned above are approximate only. The quantity requirement may increase or decrease depending on the requirement during the rate contract period.

SECTION IV

Technical Specification

Category-I

1. OTO ACOUSTIC EMISSION SCREENER (OAE)

Product Eligibility Criteria:

- Should be US FDA or CE (Notified body) approved product
- Manufacturer should be ISO certified for quality standards.
- Shall meet the safety standard as per IEC 60601.

Technical Specifications:

- Should be hand held and portable for screening
- Transient Evoked Otoacoustic Emissions (TEOAE) should be upto 3.5 KHz and Distortion Product Otoacoustic Emissions (DPOAE) upto 4KHz.
- Probe tips shall be assorted type.
- Stimulus Intensity Range:
    - DPOAE: 40 dB SPL to 70 dB SPL
    - TEOAE: 83 dB SPL peak equivalent (±3 dB
- Should be fully automated and require no interpretation.
- Should have 3 DP &2TE Protocols with user customize protocols.
- Should have Printer facility wired/wireless type.
- Should have LCD display.
- Facility to enter patient information
- Should have power on self test and probe calibration functions
- Calibration cavities should be provided with the instruments for onsite calibration.
- Probe tip of a minimum size of 3mm for Pre-matures/Neonates
- Should have facility for Data Transfer to P.C
- Should be high noise immunity for operation.
- Should have Data Management Software
- Should have memory to store minimum 100 screening results.
- Battery shall be rechargeable type and supplied with a suitable charger having at least 100test backup.
- Should supply thermal paper rolls (10 nos.) and suitable carry case along with the unit.
- Supply the OAE probes for Neonate to Adult application.
- Pre mature neonate tips:150
- Infant probe tip: 75
- Child /adult probe tip: 25

Power Supply:

Unit should function with 200-240VAC, 50/60 Hz input power supply.

2. PURE TONE AUDIOMETER with Tunic Fork (Set)

Description of Function:

- Diagnostic Audiometer is used to determine the type, degree, and configuration of hearing loss.
- System complete with all accessories should be quoted.

Product Eligibility Criteria:

- Should be US FDA or CE (Notified body) approved product
- Manufacturer should be ISO certified for quality standards.
- Shall meet the safety standard as per IEC 60601.

Technical Specifications:

- The Audiometer test frequencies from 125 to 8000 Hz with noise free change over between frequencies.
- The machine should be used for pure tone, speech and free **field audiometric testing**,
- LCD display of test frequencies and intensity of test tone.
- Displays hearing loss levels in decibels from 0 to 110db with add on decibel level of 10db with separate select button.
- The system should be used for TONE Audiometery and Speech Audiometery.
- The machine should have **all necessary air, bone and masking features like** Air conduction (HL, UCL, Aided) • Bone conduction
- The machine should have all necessary Speech audiometry features like Live Voice, CD/MP3 • SRT • Word Recognition • UCL
- Facilities for special investigations- SISI, Tone-decay, ABLB, **Speech audiometry with VRA from Visual Reinforcement Audiometer ,**Speech scoring along with SDcard/ Pendrive/ CD/ tape connector facility.
- Facilities for tinnitus matching and aided audiograms.
- Separate Bone conductor with Head band.
- Should have Automatic Speech Scoring/SISI Scoring.
- 2 Channel Master Hearing Aid
- Comfortable soft adjustable ear phones with head band.
- Patient response button.
- Microphone and speaker for two-way communication.
- **Standard Accessories to be supplied with the machine:**
    - Standard Headphone (TDH 39 or equivalent)
    - Bone conduction receiver
    - Patient response switch
    - 2 GB SD-Memory Card
    - microphone
    - Audiogram forms
    - Loudspeaker
    - Monitor phone
    - Monitor headset
    - Carrying case

Power supply:

- Should work on 220-240V AC as well as rechargeable batteries.
- Mains adaptor to be supplied

TUNIC FORK (SET)

- Should be made up of stainless steel with desired frequency.
- Frequency should be marked on the instrument.
- Should be supplied **3 tunic forks** of 3 different frequencies like 128 Hz, 256Hz, 512 Hz.

3. IMPEDANCE AUDIOMETER / TYMPANOMETER

Description of Function:

- Diagnostic Audiometer is used to determine the type, degree, and configuration of hearing loss.
- System complete with all accessories should be quoted.

Product Eligibility Criteria:

- Should be US FDA or CE (Notified body) approved product
- Manufacturer should be ISO certified for quality standards.
- Shall be meeting safety standard as per IEC 60601-1

Technical Specifications:

It should be desktop device with handheld probe for middle ear screening tests **with PC interfaced.**

- Multifrequency
- Probe Frequency: 226Hz, 1000Hz
- Pressure Range: +200 to – 400 daPa
- Volume Range: 0.1 ml to 6.0 ml
- Accuracy: ±5% to ±10 daPa
- Test Time: < 3 Seconds
- Reflex Mode
- Test Frequencies: 500, 1000, 2000, 4000 Hz ± 2%
- Test Method: IPSI Lateral, Contralateral
- Noise (Band): WN/HP/LP
- Intensities IPSI Lateral:70 to 110 dbHz
- Intensities Contra Lateral: 70 to 120 dbHz (with TDH 39)
- Intensity Setting: Automatic or Manual
- Eustachian Tube Function: Intact and Perforated mode
- ETF Pressure Range: + 300 to – 400 daPa
- Test: IPSI Lateral Reflex Test with AGC, Reflex Delay
- Test Programme: Reflex Test selectable
- Memory: Test Result of both ears
- Probe: Light weight, adjustable, Hand Held, With Built in control light & switch
- Printer: Silent Thermal Printer, (with paper printer facility)
- Display: Graphic LCD
- PC Interface: USB Cable
- Automatic self calibration

Power Supply: Mains 100-240 Volts, 50/60 Hz, 25 VA

4. Indirect Ophthalmoscope with Accessories

Product Eligibility Criteria:

- Should be US FDA /CE (93/42/EEC) approved for the quoted model.
- Manufacturer should be ISO certified for quality standards.
- Shall meet IEC-60601-1-2: 2001 General Requirements of Safety for Electromagnetic
- Compatibility or should comply with 89/366/EEC; EMC-directive

Technical Specification:

- Binocular Indirect Ophthalmoscope with precision viewing upto 1.0 mm pupil size.
- Spot size: 3 integrated spot size small spot, medium spot and large spot.
- Filters: **2** integrated filters to choose from red filter, cobalt blue filter, yellow filter and diffuser.
- Vertical adjustment, +/- 4°.
- Integrated flip up adjustment optics which can be flipped and locked at 4 different angle
- Settings between 00 to 600.
- Aperture and filter adjustment levers: can be locked to the desired position required.
- Locking apertures and filter adjustment (Safety clutch): protect mechanism from the forced adjustment while in the lock position.
- P.D. Range from **50-74** mm with ±2mm.
- Halogen/LED Bulb.
- Large & small depressors
- Carrying case
- **+ 20D, 28D & 30D lens**.

Power Unit:

- Should be provided with Rechargeable Li-ion battery charger with LED indicator
- Desk Top-cum charger.21
- The charger should be compatible with voltage system of AC 220- 240 Volts.

Other Accessories to be supplied

SCLERAL DEPRESSOR: 1 No.

- Lens loop style tip for excellent for depressing pediatric sclera.
- Flat serrated handle.
- Polished finish.
- Overall length: 80mm, 3.2 inches.

EYE SPECULUM: 1 No.

- Overall length 80mm,3.1inches
- Close 15mm wire blades
- Locking titanium mechanism for spread of blades

5. Dental Chair and Unit

Description of Function:

The dental chair and unit is required for dental examination and surgery.

Product Eligibility Criteria:

- Should be US FDA /CE approved for the quoted model.
- Manufacturer should be ISO certified for quality standards.
- Shall meet IEC 60601 General Requirements of Electrical Safety & for Electromagnetic compatibility.

Technical Specifications:

The Complete unit should be consist of Micro motor, Air Rotor, Air motor, Ultrasonic Scalar, medical grade oil-free compressor and Motorized suction.

Dental Chair Specifications:

- Fully motorized electrically operated Chair with lifting maximum capacity of 170-175 kgs.
- Corrosion free construction and durable scratch resistant epoxy paint finish.
- Should have seamless ultra-thin upholstery to facilitate easy cleaning/disinfecting.
- Double articulating headrest for comfortable support.
- Chair should be provided with a basin attachment having a spittoon made of original porcelain single piece white colour having smooth curvature for spark less cleaning.
- Automatic water supply for different application should be provided.
- Should have flip head rest to be used on patients on wheelchairs.
- Should have footswitch with multifunction which should provide with all chair movements, adjustable and Programmable position, movement of return to zero and emergency stop.
- The hand-rests should be fully adjustable and should rotate out of the way of the patient when he steps off.
- The unit should be provided with motorized suction unit of approx.40 ltr./min. flow capacity and a polycarbonate suction jar of 2ltr. capacity.

Dental Unit Specifications:

Should be attached to the chair with delivery system to accommodate up to following 5 modules with hanging cord:

1. One fibre optic air rotor connection with quick disconnect coupling & autoclavable hand piece
2. One Micro-motor with & autoclavable hand piece
3. One 3way-syringe with removable tip for sterilization.
4. One Ultrasonic scalar Unit.
5. One LED light cure unit

1. **Fibre optic Air Rotor with autoclavable hand piece**

- Should be from reputed Kavo/NSK/Bein Air/ W&H.
- Made up of titanium with scratch resistance surface for proper holding.
- The Max speed should be 2,00,000rpm.
- The head system should prevent entry of oral fluids and other materials.
- Should have internal water and air supply.
- Power of 8-10 watt with head size of 8-10mm with push button.
- A set 6nos different burs to be provided.
- **The turbine should be CE (Notified) marked.** Certificate should be submitted in technical bid.

2. **Electric Micro motor with autoclavable hand piece**

- Brush less Electric driven Micro motor made up of Titanium with a rotation of 25,000 rpm (variable) with digital display of speed.
- The hand piece made of titanium and the contra angles made up of titanium.
- **The Bearings should be made of Ceramic material.**
- **Clean Head System to prevent entry of oral fluids and other materials.**
- The design should be such that it can be simply cleaned.
- The unit should be provided with straight hand Piece: 1no. with 10nos. burs.
- The unit should be provided with contra angle Hand Piece: 1no. with 10nos. burs.
- The micro-motor & hand piece should be CE(notified) marked. Certificate should be submitted in technical bid.

3. **Ultrasonic Scalar:**

- Should operate on continues mode.
- Power output should be 8-10watt.
- Frequency range 28-32 KHz with 3 tips.
- Weight less than 110gm.
- Should be CE Notified.

4. **Light Cure Unit:**

- In built LED light cure with less Heat.
- Power output should be 800 to 1600mW/cm^2.
- It should have minimum 3 preset curing time.
- Should be CE (Notified) marked. Certificate should be produced.

Autoclavable pad should be provided on the unit where the hand pieces are placed.

Operating Light Specifications:

- Should have halogen or LED bulb.
- With luminosity of 25,000 lux and 30,000 lux with 360 degrees of rotation of light arm movements.

- Should get ON and OFF with No-touch system for maintaining proper sterilization while working.
- Color temperature of the light should be around 4000K.
- Light should allow Vertical, Horizontal, and Axial & Diagonal Movements for proper Focusing.

Oil Free Air Compressor (Medical Grade):

- It should have Air moisture filter
- It should have Non-retraction valve
- It should have Pressure gauge
- It should have Air tank (capacity of 30-40 Ltr.)
- It should have Auto cut-off switch.
- It should give medical grade Air which is absolutely oil free
- It should be **CE certified**. Certificate should be submitted in technical bid.

Power supply:
- Should work on 220-240V AC as well as rechargeable batteries.
- Mains adaptor to be supplied.

6. Intra-oral X-ray Machine

Description of Function:

A method for X-ray imaging of mouth with intra oral imaging method comprising placing at least one image sensor inside the mouth, radiating from outside of the mouth with X-ray source, receiving X-ray radiation to form image.

Product Eligibility Criteria:
- Should be US FDA / CE (Notified) approved for the quoted model.
- Manufacturer should be ISO certified for quality standards.
- Should have AERB approval for the quoted model.

Technical Specification:
- System complete with X-Ray generator and cassettes is required and it should be floor mount only.
- X-ray generator: High frequency (60-90 KHz)
  • Focal spot : 0.7 to 0.8 mm
  • Tube voltage: 50 to 70 kV
  • Mounting Options : mobile
- mA should be 4 to 7mA
- Filteration should be of 1.8 to 2.5mm Al.
- Arm: scissor arm
- Timer: integrated to the unit, digital.
- Timer Settings : Manual time settings and/or digital mode
- Accessories: Synchronization link with RVG system, collimators, long cone.
- Controlled microprocessor unit.

Power supply:

- Should work on 220-240V AC.
- Mains adaptor to be supplied.

Category-II

1. ELECTRICAL STIMULATOR

Description of Function:

The device is used to stimulate sensory and motor nerves, facilitate muscle contraction re-educate muscle, improve circulation, prevent/stretch adhesions, hypertrophy muscle, prevent contractures and to test muscle for enervation.

Product Eligibility Criteria:

- Should be USFDA / CE (notified) approved product.
- Manufacturer should be ISO certified for quality standards.

Technical Specifications

- Should be microprocessor based device.
- Should have treatment mode like iontophorasis, Plane Galvanic, Interrupted Galvanic, Plane Faradic, Surged Faradic, Tens & Tens Burst.
- Should have pulse frequency from 1 to 100Hz.
- Should have rectangular pulse rate.
- Should have pulse duration 0.1 to 200ms or more.
- On time: Adjustable, 2 to 90 seconds, 1 sec./ step
- Off time: Adjustable, 2 to 90 seconds, 1 sec./ step
- Should have LCD display for set parameters.
- Should operate in room temp. Like 10 to 40 degree C with 10% to 80% humidity.

Power Supply:

Should work with 230V±10% AC, 50Hz power supply fitted with indian plug.

2. DOUBLE-HEADED STETHOSCOPE

- For listening the lung and heart sounds with four ear tips with dual diaphragms.
- Extra-soft, replaceable and pivot able ear-tips for perfect sealing at the ear canal.
- Should have double tube from diaphragm.
- Designed with Precision flat double chest-piece made of stainless steel of Ø40mm-45mm (adult) , -Ø30mm-35mm
- High quality membrane for precise acoustics with non-chill rims for improved adaptation on the skin and for excellent sound transmission.
- Length should be 27" to 29" (paediatric) with preferable colour -black.

- Bell: Ø 23 mm
- Weight: 100-120 gm
- The tube should be made of Latex-free rubber.
- It should confirm to IS 3391 standards.

Accessories, spares and consumables:

- Diaphragms
- Ear tips
- Binurals rims

3. REEL-3- RECEPTIVE EXPRESSIVE EMERGENT LANGUAGE TEST 3RD EDITION

It is used as an assessment and planning instrument in Early Childhood Intervention programs. It Measures development in both expressive and receptive language. The Receptive-Expressive Emergent Language Test—Third Edition represents a checklist of language milestones. The results of the included caregiver interview provide the basis for discovering language impairments or other disabilities that affect language development in very young children.

It should include:

1- Examiners Manual
2- 2- 25 profile/examiners record Booklets
3- Complete test KIT

4. ELMS BOOKLET

5. LINGUISTIC PROFILE TEST

6. DEVELOPMENT ASSESSMENT FOR INDIAN INFANTS (DASSI)

Age range-0-2 years
It use completely indigenous material.
It shall be used for evaluation of body control, locomotive, Manipulation, Cognition, Memory, Social interaction, Language Development & Manual Dexterity.
Major application on assessment of mental & motor development and diagnosis of location of delayed development.
The DASSI scale shall be composed of the following item as a single KIT.

The kit materials are as follows:

1. Ball (Red): Tennis ball of 3" diameter of RED colour -1no
2. Box : Square with two lids one with hole made of non toxic plastic material.
3. Cubes (Red) : 10nos-Square cubes of size 1inch made of PVC plastic.
4. Rattle : Baby rattle should be non-toxic. Made from food grade plastic material specially designed for baby's fun and development. Minimum dimension: Length 12 cm and 6.5 cm width.
5. Square Beeds (B) : 1no
6. Torch : Red - Small bright LED torch. It should operate on 6V/9V battery. The battery should be free of mercury and cadmium.
7. Toy Chair / Diwan : Toy chair made of PVC plastic small size.-1no

8. Bell : Bell made of brass. Minimum length : 8.5cm and minimum weight : 70 gm. Should be child friendly.
9. Pencil : Yellow (Full)
10. Ring with string (Red) : A plastic compact ring of red colour. The diameter of the ring should be of 3" internal and 3.5"(Outer) (Approx.) .The Ring should be supplied with a cotton thread of 1.5m.(Approx.)
11. Spoons (2) : Spoon of length 16cm (approx.) made of stainless steel. There should not be any sharp edges. The maximum spoon length and width should be 5 cm and 3.5 cm (Approx.)
12. Toy car sliding : The toy car shall be made of hard plastic with four wheels. The toy car shall be connected to a rope for pulling the same by a child. Minimum length and width of the car should be 18-20cm and 9-10cm (Approx.) respectively

List of Material Kept in Small Box:

1. Doll – with head cut-off
2. Light switch- Shock proof plastic ON/OFF electric switch-1no
3. Scissors – not Sharp –Blunt Scissor made of stainless Steel.
4. Pellet (Tablets with diameter 8 mm. (Approx)
5. Small animal – Toy-made of rubber material of Non toxic in nature.
6. Toy Watch-Plastic dial with rubber band. It should have all symbols like original watch.
7. Measuring Tape- Pocket measuring tape with inch, centimetre and Ft calibrated of 0-5 Meter.
8. Box – Cylindrical-plastic
9. Box – Plastic Round Box
10. Colour Sticks (2)
11.Toy Cup
12. Chalk Stick

Loose Materials:

1. Big wheeled toy.
2. Board for 6 pegs and 6 pegs.
3. Board with 3 shapes in a line with 3 fitting pieces (BSCL)
4. Board with 3 shapes in two line with 3 fitting pieces (BSOL)
5. Board with two shapes Repeated with 9 pieces (BTSR)
6. Cups (3)
7. Doll which can be seated.
8. Doll-Squeezing
9. Plate
10 Stick For Manipulation.

Material Kept in Polythene Bag:

1. Incomplete watch (5 card)
2. Mirror.
3. Paper - Pad
4. Picture Book.
5. Picture cards (2)
6. Napkin
7. Manual
8. Answer sheets – 2
9. Basic Work Up Book

7. VINELAND LAND ADAPTIVE BEHAVIOUR SCALE

A scale to measure the adaptive behaviour for personal and social skill.

1. Examiners manual
2. 10 survey interview forms
3. 10 parent rating forms
4. 10 survey forms report format.

8. SANGUINE FORM BOARD FOR INTELLIGENCE

The Sanguine Form Board Test is based on the single factor theory of intelligence, measures speed and accuracy.
It includes Gesell figures where in the child is asked to copy ten geometrical figures to evaluate visuo-motor ability.
Test materials consist of ten differently shaped wooden blocks and a large form board with recessed corresponding shapes.
Provided with manual and 100 response sheet.

9. BAYLEY-III SCREENING

It is used for early intervention for delay development

- Manual
- Stim Book
- Picture Book
- Record Forms 25 Packs

10. NIMHANS Battery 6-9 years age group.

11. LD-Dyslexia: DEST2 **(age : 4.5 - 6.5 yrs for screening of attainment and ability)**

The Item should include

- Examiners manual
- Cards And sample Permission Letter
- Score keys
- Screening Kit :
  - Forward Digit span CD
  - Sound order CD
  - Crosi Frog
  - Bead and cord
  - Blindfold
  - Balance tester

Supply with Scoring software with manual and 50 score sheet.

All the items should be packed in a **single carry bag.**

12. CBCL-Childhood Behavioural Checklist (0-2years)

13. Cerebral Palsy and Neuro-motor impairment: INCLEN (INDT-NMI)

14. INCLEN appropriateness criteria: Autism Spectrum Disorder (INAC-ASD)

15. ADHD: Attention Deficit hyperactivity : INCLEN

16. QUADRICEPS TABLE

Product Eligibility Criteria:

- Should be CE /ISI approved product.
- Manufacturer should be ISO 9001 certified for quality standards.
- Manufacturer should have ISO 18001 certification for Occupational Health & Safety Assessment Series (OHSAS).

Technical Specifications:

- Should be made up of rectangular CRC frame with epoxy powder coating.
- Should have facility of arm rest with height adjustment.
- Should have 2 inch cushion top seat with high quality rexin cover.
- Should have back rest adjustment with angle range of 5 to 90 degree with locking facility.
- The torque unit should have two lever arms with one adjustable weight and other one providing fixed contact with patient.
- Should have facility of changing the angle between two arms for providing maximum resistance at any point in the range.
- Should have height adjustment facility for torque unit with locking facility.
- Load range should be with maximum 6kg.
- Should provide 6 no. of rubber weights each of 1kg.

17. LADDER

- Should be made from high grade wooden material.
- Should have feature of knee support.
- Size: 72inch×30inch.
- Should be sturdy, well finished & polished.

18. CEREBRAL PALSY CHAIR

Product Quality Requirements:

- Should be CE /ISI approved product.
- Manufacturer should be ISO 9001 certified for quality standards.

- Manufacturer should have ISO 18001 certification for Occupational Health & Safety Assessment Series (OHSAS).

Technical Specification:

- Body should be made from cylindrical aluminium frame.
- All metal parts should be epoxy powder coated for rust free surface.
- CP chair should have high back rest with reclining facility.
- Should have locking facility for reclining positions.
- Back rest should have adjustable head rest.
- Should have detachable arm rest with padded cushion covering.
- Should have seat height adjustment with cushion.
- Should have seat angle adjustment with safety belt facility.
- Should have elevating foot rest.
- Should have neck support for neck arrest patient.
- Should have side support with cushion pad.
- Should be attached with activity tray with height adjustment.
- Should have 2 big caster wheel at back of minimum 10 inch diameter with PU covering at rim for smooth movement.
- Front two wheels should be of minimum 5 inch diameter with PU covering at rim for smooth movement.

19. CP WALKER

Product Quality Requirements:

- Should be CE /ISI approved product.
- Manufacturer should be ISO 9001 certified for quality standards.
- Manufacturer should have ISO 18001 certification for Occupational Health & Safety Assessment Series (OHSAS).

Technical Specification:

- Should have tubular frame with epoxy powder coating.
- Top rectangular ring should have soft padded coating for hip support.
- Rectangular ring should be fitted with adjustable saddle gear to fix the patient in upright position.
- Height of ring should be adjustable from 18 inch to 26 inch.
- Should be provided with gripped handle with height adjustment.
- Should be fitted with 4 no. of rubber castor wheel of minimum 2inch diameter.
- Dimension of frame should be width-20 inch & height-20 inch.

20. PAEDIATRIC STATIC CYCLE

Category-III

1. SNELLENS CHART (BOX TYPE)

- The frame of box is made of special high- strength aluminium-alloy.
- The Four corners of box has to be connected with good quality steel plate and the surface shall be decorated with ABS plastic plate.
- The visual chart plate is adopted with import polymethyl methacrylate plate which should not be faded with time.
- There should be storage space for the charts on back side of the cabinet.
- The unit should be provided with standard letter charts for screening of Low and Distance vision .The charts should be made of plastic.
- Should have printed eleven lines of block letters
- The first line consists of one very large letter
- Wall-Mounted
- Non -reflective material
- Matte Finish
- Durable Plastic
- Size:22" x 11"
- Traditional Snellen Eye Chart -using the English Alphabet
- Illiterate Snellen Eye Chart –using different directions facing Es.
- Should be made of high contrast letters on washable polystyrene.

2. DISTANCE VISION TEST (LEA SINGLE SYMBOL BOOK) (10 FEET/3 METERS)

- The Single Symbol Book is ideal for people who cannot perform when tested with a line test. This book can help determine the best resolution of the visual pathway in a child/adult with amblyopia or impaired vision.
- Single optotype line sizes range from 20/200 to 20/8 (6/60 to 6/2.4) equivalent, 0.10 to 2.50.
- It should Includes isolating mask, response key, training cards, and instructions.
- Provided with 13 offset pages for easy flipping. 5" x 5" (12.7 cm x 12.7 cm).

3. NEAR VISION TEST (LEA SYMBOLS PLAYING CARDS)

- These specially designed playing cards to make easy to measure near visual acuity in young children, while teaching concepts of similar/ different, big/small, bigger/smaller.
- The 4 packs contain 16 cards each with symbols of varying sizes: 16M and 10M, 6.3M and 4M, 2.5M and
- 1.6M, 1M and 0.63M.
- It includes training cards and instructions.
- The paper cards measure 1.6" x 2.75" (4 cm x 7 cm).

3. LEA PUZZLE

- The LEA 3-D Puzzle is designed for supporting the development of the concept of "same", first with colors, then with black and white concrete forms that are prerequisites for the measurement of recognition acuity with the LEA Symbols tests at an early age.
- During the play you can also observe eye-hand coordination and awareness of directions, which are often problems for children with brain damage, even mild brain damage.
- Package includes the booklet: *Assessing Vision Development Through Picture and Shapes* and instructions. Tray is 6.75" x 6.75" (17.2 cm x 17.2 cm). The 4 symbol puzzle pieces are approximately 2" x 2" (5.1 cm x 5.1 cm) each.

4. LEA GRATINGS

- A Preferential Looking Test LEA GRATINGS are for preferential looking test situations with infants or children and adults with disabilities to determine detection acuity.
- Grating levels printed on each handle are: 0.25, 0.5, 1.0, 2.0, 4.0, and 8.0 cpcm (cycles per centimeter of surface).
- It should Includes instructions and storage case. 4 paddles 8" (20 cm) in diameter.
- The material should be made of plastic of good shining with easy cleaning.

5. THERAPY MAT/FLOOR MAT

- Should be made of rubberized polyurethane foam of 4cm thickness with polyvinyl coating cover.
- **Polyurethane foam density should be 40kg/m^3 or more.**
- Size: 6ft (L) × 3ft (W).
- Should not collect sweat, odour or dirt and should be easily wiped & cleaned with a damp cloth.
- Should have non sticky & non skidding surface.
- Should provide cover bag for safe keeping & handling.

6. ICE PACK/COLD PACK

- Material should be Nylon or PVC.
- Dimension should be 30 cm (L) × 12 cm (W) ±10%.
- Should have soft and non toxic gel material to retain cold inside the cold pack.
- Should retain the coolness for a period not less than 45 minutes.
- The ice pack gel should be soft & flexible even after freezing at below -20^0 C.
- Should be ready to use in less than 15 minutes of freezing.
- Should be reusable & frost-free.
- Should provide elastic wrap in cover with velcro to tie at affected area

7. MODIFIED WHEEL CHAIR

- Modified chairs (wooden with cushion covered with Rexene)
- Child sits in a modified chair with a cut-out tray in front.
- The chair has castors for easy transportation

8. WALKER

- Should be light weight & foldable with four legs.
- Should be made from aluminium pipe with metal finish coating.
- Should have height adjustment facility by locking.
- PVC foam should be provided for hand gripping.
- Four legs should be provided by rubber PVC shoe to avoid slipping on floor.
- Should be of heavy duty to tolerate weight of 100kg.

9. PHYSIO BALL

- Should have sizes like 65cm, 75cm, 85cm.
- Should be made from long lasting, durable & anti brust material.
- Should be strong & sturdy enough to bear the weight of an adult male.
- Should have spikey sensory points for better stimulation during exercise.

10. MEDICINE BALL

- Should be made from high quality rubber material.
- Should be two tone colored round shape for easy feeling for patients.
- Should have weight range from 1kg. to 3kg.
- Should be made from robust material for long durability

11. RUBBER MAT/MATTRESS

- Should be made of soft polyurethane foam of 1 inch thickness with polyvinyl coating.
- **Polyurethane foam density should be 40kg/m^3 or more.**
- Size: 10ft. (L) × 10ft. (W).
- Should not collect sweat, odour or dirt and should be easily wiped & cleaned by damp cloth.
- Should have non sticky & non skidding surface.
- Should provide cover bag for safe keeping

12. THERAPEUTIC BALL SET

- Should be pleasant to touch and should return back to original shape after each squeeze.
- Should be made up non latex polymer for full range of motion.
- Should be round in shape of 2 inch diameter.
- Should be of 5no. each of different colour.
- Should be cleaned with plain or detergent water.
- Should be microwaved or freezed for hot & cold therapy.
- Each therapy ball should be colour coded to indicate different resistance level.

13. WEDGE

Made of wood.
Size should be appropriate to 2-6years .
8 degree wedge of size: 38cm X 37cm X 5 cm (WXHXD)

14. ROCKING CHAIR

Childs Plank Bottom Rocking Chair
Made of Pine wood with good quality polish.
Dimensions: Height- 41" Width- 24" Depth- 25" Approximate+ 2".

15. TRAMPOLINE.

- Compact round trampoline, shape- round, light jumpers
- Dimensions, diameter of the mat 2.5m, surface area of the mat(4.9 meter square),
- Minimum lateral installation clearance (5.5m).
- 25mm galvanised steel frame
- Maximum user weight 90kg
- Structural load capacity 380kg
- Height of the mat above ground 0.8 m
- height of the Flexi-net above mat1.5 m, total height 2.3m
- 5-6 legs
- 20-25 springs
- The product should be CE approved.
- The manufacturer should be ISO certified.

16. BEAN BAG

- Durable Easy to Carry / and Washable
- Fits Anywhere
- Filled with white Ones
- Can Be Refilled
- Height : 40" / width : 28" / Length : 28" / Base Circumference : 90" + 5"
- Colour: Chocolate brown/Black/RED
- Can be mould to more than 5 shapes to sit on it.
- Can Carries approx 100-120 KG's of weight easily
- Dual layer stitching for extra strength
- Made of artificial leather

Manufacturer should be ISO certified

17. PEG BOARD

- Made of White Plywood and Food grade Abs Plastic
- Laminated square board having 10 holes to hold smoothly finished solid plastic pegs in five different bright colors
- Skill:- Hand Eye Co-ordination.

SECTION – V (CONSIGNEE LIST) (Door Delivery)

Sl. No	Name of the Consignee	Sl. No	Name of the Consignee	Sl. No	Name of the Consignee	Sl. No	Name of the Consignee
1	C.D.M.O, Angul Dist. Angul , Odisha Tel/Fax : 06764 - 232507	10	C.D.M.O, Ganjam At / P.O - Berhampur Dist. Ganjam, Odisha Tel/Fax : 0680 - 2225383	19	C.D.M.O, Koraput Dist. Koraput , Odisha Tel/Fax : 06852 – 250242	28	C.D.M.O, Sambalpur Dist. Sambalpur , Odisha Tel/Fax : 0663 – 2401843
2	C.D.M.O, Boudh Dist. Boudh , Odisha Tel/Fax : 06841 - 222478	11	C.D.M.O, Gajapati At / P.O - Paralakhenmundi Dist. Gajapati, Odisha Tel/Fax : 068015 – 222205/222222	20	C.D.M.O, Kendrapada Dist. Kendrapada , Odisha Tel/Fax : 06727 – 232171	29	C.D.M.O, Sundergarh Dist. Sundergarh , Odisha Tel/Fax : 06622 – 272201
3	C.D.M.O, Balasore Dist. Balasore, Odisha Tel/Fax : 06782 – 261959/262011	12	C.D.M.O, Jajpur Dist. Jajpur , Odisha Tel/Fax : 06728 – 222597	21	C.D.M.O, Malkangiri Dist. Malkangiri , Odisha Tel/Fax : 06861 - 230277	30	C.D.M.O, Sonepur Dist. Sonepur , Odisha Tel/Fax : 06654 – 220209
4	C.D.M.O, Baragarh Dist. Baragarh, Odisha Tel/Fax : 06646 - 232804	13	C.D.M.O, Jagatsinghpur Dist. Jagatsinghpur, Odisha Tel/Fax : 06724 – 220064	22	C.D.M.O, Mayurbhanj At / P.O - Baripada Dist. Mayurbhanj, Odisha Tel/Fax : 06792 - 252671	31	RGH, Rourkela, Dist. Sundergarh
5	C.D.M.O, Bhadrak Dist. Bhadrak, Odisha Tel/Fax : 06784 - 251866	14	C.D.M.O, Jharsuguda Dist. Jharsuguda, Odisha Tel/Fax : 06645 – 273104	23	C.D.M.O, Nuapada Dist. Nuapada, Odisha Tel/Fax : 06678 - 223346	32	Capital Hospital, Bhubaneswar
6	C.D.M.O, Bolangir Dist. Bolangir, Odisha Tel/Fax : 06652 - 232243	15	C.D.M.O, Kalahandi At./ P.O-Bhawanipatna Dist. Kalahandi , Odisha Tel/Fax : 06670 – 233761	24	C.D.M.O, Nayagarh Dist. Nayagarh, Odisha Tel/Fax : 06753 - 252189		
7	C.D.M.O, Cuttack Dist. Cuttack, Odisha Tel/Fax : 0671 - 2301007	16	C.D.M.O, Kandhamal, (Phulbani) Dist. Kandhamal, Odisha Tel/Fax : 06842 – 253249	25	C.D.M.O, Nabarangpur Dist. Nabarangpur, Odisha Tel/Fax : 06858 - 222057		
8	C.D.M.O, Deogarh Dist. Deogarh , Odisha Tel/Fax : 06641 – 226428	17	C.D.M.O, Keonjhar Dist. Keonjhar , Odisha Tel/Fax : 06766 – 255525	26	C.D.M.O, Puri Dist. Puri , Odisha Tel/Fax : 06752 - 222124		
9	C.D.M.O, Dhenkanal Dist. Dhenkanal, Odisha Tel/Fax : 06762 – 226423	18	C.D.M.O, Khurda Dist. Khurda , Odisha Tel/Fax : 06755 – 221419	27	C.D.M.O, Rayagada Dist. Rayagada , Odisha Tel/Fax : 06856 - 222603		

Section VI

Formats of the tender

TENDER FORMATS

TENDER ENQUIRY NO. SDMU/2014-15/EQUIP-DEIC/012

TECHNICAL BID (COVER A)

==========

OFFICE OF THE DIRECTOR OF HEALTH SERVICES, ODISHA, BHUBANESWAR –751001

CHECK LIST

(To be submitted in **Cover A - Technical Bid**)

Note: <u>The documents have to be arranged serially as per the order mentioned in the check list</u>

All the documents furnished should be page numbered and signed by the authorized signatory of the firm/company with company/firm seal (Documents for the equipment quoted should be attached serially for ease of scrutiny)

DOCUMENTS : SUBMITTED OR NOT (Please put ✓ in the respective box)

Sl.	Details	Provided or not	If provided mention page No.(s)
	TECHNICAL BID		
1.	Earnest Money Deposit (s)	Yes / No	
2.	Tender Paper cost in shape of BD	Yes / No	
3.	**Format –T1** duly signed by the authorized signatory with seal	Yes / No	
4.	**Format –T2** duly signed by the authorized signatory with seal	Yes / No	
5.	**Format –T3** duly signed by the authorized signatory with seal	Yes / No	
6.	Photocopy of the Registration certificate of the firm (Bidder)	Yes / No	
7.	Photocopy of the VAT/CST registration certificate	Yes / No	
8.	Photocopy of PAN	Yes / No	
9.	Photocopy of the ISO Certificate of the Manufacturer(for items as mentioned in technical specification)	Yes / No	
10.	Photocopy of the CE /USFDA/ISI Certificate of the Manufacturer(for items as mentioned in technical specification)	Yes / No	
11.	**Format –T4** (Annual Turnover Statement for preceding 3 years signed by Auditor / CA) duly signed by the authorized signatory with seal	Yes / No	
12.	**Photocopies of audited annual statement** of the last three years and the turnover figure should be **highlighted** there.	Yes / No	
13.	**Format –T5** (Manufacturing Authorization from the Manufacturer) duly signed by the authorized signatory with seal (For **Category I & II** Items only)	Yes / No	
14.	**Format –T6** (Details of technical specification of the offered product) duly signed by the authorized signatory with seal	Yes / No	
15.	Technical Brochures/Leaflets of the offered product	Yes / No	
16.	**Format –T7** (Performance Statement) of the bidder towards supply of similar items during the last three years	Yes / No	
17.	Photocopies of **purchase order** in support of the information provided in Format – T7.	Yes / No	
18.	Copy of original / downloaded Tender and schedules, duly signed by the authorized signatory	Yes / No	
19.	Cover 'B' – Price Bid with price schedule in **Separate Envelop**	Yes / No	

Format T1

(*To be furnished in the Technical BId*)

TECHNICAL TENDER SUBMISSION FORM
(On the letterhead of the Organization)

[*Location, Date*]

To

The Joint Director,
State Drug Management Unit,
In front of Ram Mandir, Convent Square,
Bhubaneswar – 751 001, Odisha

Re. : Tender Enquiry No. SDMU/2014-15/EQUIP-DEIC/012

Dear Sir,

We, the undersigned do hereby offer to Supply the DEIC Equipment : _____ [mention the name of the item(s)]. We are submitting our bids, which include this Technical Bid, and a Commercial Bid sealed under a separate envelope.

We accept all the tender terms & conditions of the tender under reference. We hereby declare that all the information and statements made in this bid are true and accept that any of our misrepresentations contained in it may lead to our disqualification.

Our proposal shall be valid for a period of one year for award of contact, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our tender. We undertake to carry out the work as per the terms and conditions of this tender document.

We hereby declare that my firm/company has not been debarred / black listed by any Government / Semi Government organizations. I further certify that I am the competent authority in my firm/company authorized to make this declaration.

I/We hereby agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Performance Security Deposit and blacklist me/us for a period of 3 years if any information furnished by us proved to be false at the time of inspection / verification and not complying with the Tender terms & conditions.

We understand you are not bound to accept any bid you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

Name of Organization: _____

Address: _____

(Organization Seal)

Format T2

(*To be furnished in the Technical Bid*)
Profile of the Firm
(On the letterhead of the Organization)

Name of the Firm/Company	
Office Address	
Name of the Chief Executive and authorized signatory	
Telephone Nos.: Landline Mobile	
Fax	
Email id	
Date of Establishment	(furnish copy of the Registration Certificate of the Firm/company)
ISO Certificate of the Manufacturer	Furnish copy of the ISO certificate of the Manufacturers
Photocopy of the CE/USFDA/ISI Certificate of the Manufacturer (for items as mentioned in technical specification)	Furnish the relevant certificate of the Manufacturers
Leaflets/Product Brochures	Furnish the detail technical Leaflets/Product Brochures of the quoted product (Model)
VAT/CST certificate	(furnish copy of the VAT/CST clearance certificate)
Income Tax No. (PAN)	(furnish copy of the PAN)
Name of the authorized service centers in Odisha /Eastern Region (if any) with name, address, telephone no., email id etc.	

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

Format T3

(*To be furnished in the Technical Bid*)

DETAILS OF EMD(s) SUBMITTED

The bidders have to furnish EMDs as per the **Category of Equipment** they are interested for.

Sl.	Name of Category	Name Item	EMD Amount (Rs.)
	TOTAL (Rs.)		

Signature of the Tenderer :

Date :

Official Seal:

Format – T4
(To be furnished with the Technical bid)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for the last three financial years of M/s_____ are given below and certified that the statement is true and correct.

Sl.No.	***Year***	***Turnover in (Rs.)***
1.	2010 - 2011	-
2.	2011 - 2012	-
3.	2012 – 2013 Or 2013-14 (If audited)	-

Average Annual Turnover (for the above three years) in **(Rs.)_____**

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

Note:

*a) To be issued in the **letter head** of the Auditor/Chartered Accountant mentioning the **Membership no.***

b) This turnover statement should also be supported by **copies of audited annual statement** of the last three years and the turnover figure should be **highlighted** there.

Format – T5

(To be furnished with the Technical bid in case the bidder is the authorized distributor / Importer of the manufacturer)

MANUFACTURER'S AUTHORISATION FORMAT

(In case the bidder wishes to bid for **more than one item**, pl. furnish the related manufacturer's authorization format serially for easier tender evaluation). **(Required for Category I & II Items only, Not required for Category III Items)**

To

The Joint Director,
State Drug Management Unit, In front of Ram Mandir Square,
Bhubaneswar -1, Odisha.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We, ---------- are the manufacturers of ---------- ---------- (name of equipment(s) and have the manufacturing factory at ----------.

1. Messrs ---------- (name and address of the agent) is our authorized distributor /Importer for sale and service of ---------- (name of equipment(s))

2. We also extend our Comprehensive warranty as per technical specification also full back-up support for CMC after the warranty period as required by the purchaser of the item mentioned in the tender under reference.

3. We undertake that we have adequate infrastructure and spare part support to carry out the warranty and AMC/CMC services and do accept to provide uptime guarantee of 95% as per tender terms & condition.

Yours faithfully,

(Signature with date, name and designation)

For and on behalf of Messrs ----------
(Name & address of the manufacturers)

Seal

Note :

1. This letter should be on the ***letterhead*** of the ***manufacturer*** and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.

Format – T6

(To be furnished with the Technical bid)

Technical Compliance Statement

DETAILS OF TECHNICAL SPECIFICATION OF THE PRODUCT (S) OFFERED BY THE BIDDER

(In case the bidder wishes to bid for more than one item, pl. furnish the related product catalogues serially for easier tender evaluation)

Sl. No.	Item Name	Make	Model Name	Country of Origin	Detail Specification of the product(s) offered* (Pl. Describe the detail specification of the product offered) – Para wise compliance to the technical specification asked for.	**Page no. of the Catalogue / Leaflet where Para wise compliance information as per technical specification is available	**Page no. where the CE /USFDA/ ISI/ ISO Certificate of the product offered (as per technical specification) is furnished
1							
2							
3							
4							

(Use **Separate sheets** if the space provided is not sufficient)

* Leaflets/Technical Brocheures of the product offered (for **each item quoted**) must be attached in support of the information provided above.

**It is mandatory to mention the page no(s) in the format as mentioned above.

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

Format – T 7

(To be furnished with the Technical bid)

Performance Statement for supply of Quoted Items

(for a period of last three years and current year)

(Item wise for the quoted items)

Name of the Item : _____

* Order placed by (full address of Purchaser)	Name of the Equipment	Order No. and date	Quantity of ordered equipment	Value of Purchase order (Rs.)	Date of completion of the delivery	Remarks indicating reasons for late delivery, if any	Has the equipment been satisfactorily functioning? (Attach a certificate from the Purchaser/Con signee if any)

* Note : Please furnish the **purchase order /Contract copies** of the supplies executed in support of the information mentioned above

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

_____

(Organization Seal)

TENDER FORMATS

TENDER ENQUIRY NO. SDMU/2014-15/EQUIP-DEIC/012

PRICE BID (COVER B)

NOTE :

1. **Use Format P2 for Category I Items**
2. **Use Format P3 for Category II & III Items**

OFFICE OF THE DIRECTOR OF HEALTH SERVICES, ODISHA, BHUBANESWAR –751001

FORMAT – P1

(*To be furnished in the Commercial Bid*)

PRICE BID SUBMISSION FORM

(On the ***letterhead*** of the organization)

[*Location, Date*]

To

The Joint Director,
State Drug Management Unit,
In front of Ram Mandir, Convent Square,
Bhubaneswar – 751 001, Odisha

Re. : Tender Enquiry No. **SDMU/2014-15/EQUIP-DEIC/012**

Dear Sir,

We, the undersigned do hereby offer to Supply the DEIC equipment (s) in accordance with your Tender referenced above and our Technical Bid.

We hereby declare that if awarded the contract, our Commercial bid shall be valid for **one year**, subject to the modifications resulting from Contract negotiations you may subsequently carry out with us to accept our proposal.

We understand you are not bound to accept any Proposal you receive.

Yours sincerely,

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

To be submitted in *Cover B – Price Bid*

FORMAT – P2 PRICE SCHEDULE [For Category I Items]

Whether depot. inside Odisha, i.e. VAT paid to Government of Odisha: Yes / No . If Yes, Depot. Address :

Name of the Item (s)	**Make & Model**	**Unit Price** with **all accessories** (as mentioned in technical specification) which includes excise duty / customs duty, packing, insurance, forwarding / transportation (door delivery) with **2 (two) years onsite warranty, calibration charges if any** & **excludes VAT/sales tax / entry tax** Cost in Rs. (both in words & figures)	CMC (excluding **Service Tax**) for three years **after** expiry of two years warranty period (please mention on yearly basis)	**Cost of **Turnkey if any** (all materials for installation & commissioning and **all installation cost** including **all taxes for turnkey** in Rs. (Door delivery & installation)	**Total Cost of the Item** (**Unit Price** with CMC & Turnkey) (**Exclusive** of CST/VAT & ET)	*CST/VAT & Entry Tax (ET) (if any) **on & above** the item price mentioned in (3) (Mention whether CST / VAT and ET, the % of tax & it's value in Rs.)	In Case of VAT, pl. Mention whether VAT is payable to Govt. of Odisha ***(Yes/No)
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**6=3+4+5**	**7**	**8**
			1st year **after** warranty: 2nd year **after** warranty: 3rd year **after** warranty: Total :			CST (%) : or Odisha VAT(%) : Entry Tax (%) : (If any)	

Note : Use separate Price Formats for each item quoted and sealed them in separate envelops. All these envelops should be sealed in another outer envelop and super-scribed as "Price Bid".

*** CST/VAT & ET which will be chargeable on & above the price mentioned in column (3) should be mentioned separately in column 7 above.**

* Form "C" / Form "D" **shall not** be issued by the tender inviting authority. Accordingly the CST/VAT is to be quoted in Column 7 above.

**** The cost of turnkey shall include all installation cost including materials required for installation & commissioning. In case of turnkey, the details of materials are to be mentioned.**

***** In case the VAT is payable to Govt. of Odisha, pl. furnish a copy of the Odisha VAT registration certificate.**

Signature of the Bidder:

Name

Date :
Place :

Seal

Note : Rates should be quoted both in figures & words and if there is any discrepancy, the quoted rates in words will be taken for evaluation.

FORMAT – P3 (FOR CATEGORY II & III ITEMS)

(*To be furnished in the Price Bid*)
On the ***letterhead*** of the organization)

PRICE SCHEDULE

Whether depot. inside Odisha, i.e. VAT paid to Government of Odisha: Yes / No If Yes, Depot. Address:

Name of the Equipment	Make & Model	**Unit Price** of the **Equipment with all accessories** (as mentioned in the technical specification) which **includes** excise duty / customs duty, packing, insurance, **forwarding / transportation (to the consignee places)** with **comprehensive one year onsite warranty (as mentioned in technical specification)** but **excludes VAT/sales tax / entry tax** Cost in Rs. (both in words & figures)	*CST/ VAT & Entry Tax (ET) (if any) **on & above** the basic unit price mentioned in (2) (Mention whether CST or VAT and ET, the % of tax & it's value in Rs.)	In Case of VAT, pl. Mention whether VAT is payable to Govt. of Odisha **(Yes/No)
1	**2**	**3**	**4**	**5**
			CST (%) : or Odisha VAT(%) : Entry Tax (%) : (If any)	

Note : Use separate Price Formats for each item quoted and sealed them in separate envelops. All these envelops should be sealed in another outer envelop and super-scribed as "Price Bid".

*** CST/VAT & ET which will be chargeable on & above the price mentioned in column (3) should be mentioned separately in column 4 above.**

* Form "C" / Form "D" shall not be issued by the tender inviting authority. Accordingly, the CST/VAT is to be quoted in Column 4 above.

****In case the VAT is payable to Govt. of Odisha, pl. furnish a copy of the OVAT registration certificate.**

Authorized Signatory [*In full and initials*]: _____

Name and Title of Signatory: _____

(Organization Seal)

Date : _____